



Geriatrics

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 2-3 (Continuity)

Rotation: PGY3

Description of Rotation:

Family Medicine Residents will follow an attending geriatrician and/or hospice specialist on a four-week experience. During this rotation you may work in ambulatory/inpatient settings, nursing home and assisted living facilities. You will work with various hospice programs and rehabilitation programs associated with these care facilities. Residents will help round in nursing homes/long-term care settings and participate in Geriatrics Lecture/teaching at the nursing facility. They will respond to and cover call on nursing home patients while on their rotations. Utilizing practice partners, they will respond to the needs of their nursing home patients as acute care needs arise. By the end of the rotation one should be competent and familiar with important aspects of end of life care, palliative medicine, dementia, and polypharmacy.

Preceptor: Dr. Swati Guar

Location(s): New Horizons – Limestone (Tues.)
2020 Beverly Rd
Gainesville, GA 30501

New Horizons – Lanier Park (Wed.)
675 White Sulphur Rd
Gainesville, GA 30501

Overall Goals of Geriatrics/Nursing Home Curriculum:

- to acquire knowledge and skills in the care of chronically ill patients.
- to recognize and treat common acute problems/disease that occur in this population of patients; including but not limited to prevention, general care, areas of concern in caring for older patients, dementia, depression, sensory deprivation, malnutrition, CVA and residual disabilities, gait instabilities, CHF, HTN, DM and COPD, UTI, pneumonia, zoster, pressure ulcers.
- respect and recognize the patient’s goals for health care when maintaining/restoring function or providing end of life care, and the discussion/documentation of goals of care/advanced directives.
- develop skills of interaction with the interdisciplinary team at the nursing home level,
- develop skills and knowledge in palliative and End of Life care in nursing homes.

Sample Two-week PGY 2/3 Rotation Schedule

M	T	W	TH	F	Sat	Sun
7a-5p: FM Clinic	8a: NH Limestone	8a: NH Lanier Park 12-5p: Didactics	7:30a-12p: Rehab @ LS 1-5: Hospice	7a-5p: FM Clinic	May have call	
7a-5p: FM Clinic	8a: NH Limestone	8a: NH Lanier Park 12-5p: Didactics	7:30a-12p: Rehab @ LS 1-5: Hospice	7a-5p: FM Clinic		

Patient Care:	
PGY level	Educational goals & objectives
2/3	Perform comprehensive, standardized geriatric assessments and develop patient specific treatment plans that incorporate the patient’s goals of care, optimize function, and alleviate symptoms (PC 1/2)



2/3	Recognize practice limitations and seek consultation with other health care professionals when necessary to provide optimal care for older adults (PC 1/2/4)
2/3	Development of problem lists in practical, clinical, functional, psychological, and social terms (PC 2/3/4)
2/3	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment (PC 2/4)

Medical Knowledge Objectives and Competencies:

PGY level	Educational Goals and Objectives
2/3	Residents should obtain mastery of (MK 1/2): <ol style="list-style-type: none"> 1. Risks points and adverse outcomes in geriatric care 2. Polypharmacy 3. Transitions of care 4. Nonrecognition of treatable illness 5. Iatrogenic illness 6. Treatment that does not consider goals of care 7. Functional impairment, immobilization, and associated consequences 8. Cognitive impairment and associated consequences 9. Inappropriate institutionalization 10. Unsupported family/caregivers
2/3	Financial aspects of health care, with understanding of Medicare, Medicaid, and how various types of housing and long-term care housing options are financed (MK 1/2)
2/3	Evaluation of the cognitive status of older adults (MK 1/2)

Interpersonal and Communication Skills:

PGY level	Educational goals & objectives
2/3	Integration of factors of the patient's family life, home life, and general lifestyle into the diagnostic and therapeutic process (IPC 1/2)
2/3	Participation with an interdisciplinary team in transitions of care to ensure that accurate data (e.g., acute events, medical history, medications, allergies, baseline 7 cognitive and functional status, advance care plan, responsible physician) are well documented, that the patient and/or family understand the plan of care, and that the follow-up plan is clearly outlined (IPC 1/2/3/4)

Systems Based Practice Objectives and Competencies:

PGY level	Educational goals & objectives
2/3	Attendance to patient safety concerns (e.g., fall risk, hydration, nutrition, bladder and bowel function, skin integrity, inappropriate medications) in the assessment and management of older adults across care settings (SBP 2/3)
2/3	Develops systems to improve safety when concerns arise (SBP 2/3/4)

Practice Based Learning and Improvement Objectives and Competencies:

PGY level	Educational goals & objectives
2/3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI 1/2/3)
2/3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI 3)



2/3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of principles of evidence-based medicine (PBLI 1)
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Professionalism Objectives and Competencies:	
PGY level	Educational goals & objectives
2/3	Meet dress code expectations and arrive on time to correct location for rotation. (PROF2)
2/3	Demonstrate respect and compassion in dealing with a vulnerable population (PROF 1/2)
2/3	Participate with an interdisciplinary team professionally and respectfully (PROF 2/3)
2/3	Utilize practice partners to provide cross coverage of patient panel (PROF 1/2/3)

Additional Osteopathic Objectives and Competencies:	
By the end of the rotation/residency:	
<ul style="list-style-type: none"> • Perform an accurate and complete structural and physical exam including somatic dysfunction (PC1) • Be able to independently apply direct and indirect OMT to the clinical scenario that is presented (PC2) • Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc (MK1) • Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes: <ul style="list-style-type: none"> ○ “1. The body is a unit; the person is a unit of body, mind, and spirit. ○ 2. The body is capable of self-regulation, self-healing, and health maintenance. ○ 3. Structure and function are reciprocally interrelated. ○ 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.” (MK2) • Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3) • Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1) 	

Residency Outcomes
Practice as personal physicians, to include care of women, the elderly, and patients at the end of life, with excellent rate of continuity and appropriate referrals
Practice as personal physicians, providing first contact, comprehensive and continuity care, to include excellent doctor-patient relationships, excellent care of chronic disease, routine preventive care and effective practice management
Effectively lead, manage, and participate in teams that provide care and improve outcomes for the diverse populations and communities they serve

Teaching/Assessment Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	End of Rotation Evaluation



Supervision:

Resident will work one-on-one and be supervised by board certified geriatrician/hospice physician. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Topics/Resources:

MK Topic	On-Line Resource
Basic Geriatric Care	http://medicine.emory.edu/geriatrics-gerontology/education/big-10.html
Dementia	http://www.geriatricsatyourfingertips.org/
Fall Prevention	http://www.merckmanuals.com/professional/geriatrics/falls-in-the-elderly/falls-in-the-elderly
Delirium	http://www.merckmanuals.com/professional/neurologic-disorders/delirium-and-dementia/delirium
Pressure Ulcers	http://www.merckmanuals.com/professional/dermatologic-disorders/pressure-ulcers/pressure-ulcers
Pharmacology in the Elderly	https://www.dcri.org/trial-participation/the-beers-list/
Unintentional Weight Loss	http://www.medscape.com/viewarticle/555217
Dermatology in the Elderly	http://www.ncbi.nlm.nih.gov/pubmed/23522421

Additional Osteopathic Curricular Elements

Osteopathic Considerations in the Geriatric Patient	<p>SDOFM 2nd edition</p> <ul style="list-style-type: none"> • Chapter 16 – The Geriatric Patient <ul style="list-style-type: none"> ○ Read pages 167 - 182 ○ View PowerPoint on <i>The Geriatric Patient</i> • Chapter 17 – The Patient at the End of Life <ul style="list-style-type: none"> ○ Read pgs. 183 – 194 ○ View PowerPoint on <i>The Patient at the End of Life</i>
Gait impairment	<p>OMT Video Library</p> <ul style="list-style-type: none"> • View videos under Gait Impairment
Low back pain	<p>OMT Video Library</p> <ul style="list-style-type: none"> • View videos under <i>Low Back pain</i>
Osteopathic Foundations in Care of Senior Adults	<p>Foundations of Osteopathic Medicine fourth edition</p> <ul style="list-style-type: none"> • Read pgs. 1417-1446 (orthopedics) • Read 1447-1457 (General surgery topics)